



Dear Applicant/Resident:

Re: Section 504 Reasonable Accommodations Policy

Do you need a reasonable accommodation because you are disabled? Federal law, Section 504 of the Rehabilitation Act (1973), is there to protect your rights and to help you identify a reasonable, effective and appropriate accommodation. Richmond Redevelopment and Housing Authority (RRHA) will assist you in understanding your rights under this law as it pertains to Public Housing applicants/residents.

Do you have a disability? A person with a disability refers to an individual who has 1) A physical or mental impairment that substantially limits one or more major life activity: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working; 2). A record of such impairment; or 3) Is regarded as having such an impairment.

If the above description applies to you RRHA asks that you complete the attached form and submit it to your Housing Manager. If you would like to review a copy of RRHA's Reasonable Accommodations Policy and Procedures (601 1.2), it is available for your review at www.rrha.com or 600 E. Broad Street, 4th Floor, Richmond, Virginia 23219

If you need help or have a question, please contact Tenant Selection at (804) 780-4200. We encourage you to complete the form and we are here to help you.

Sincerely,

Tenant Selection



**RICHMOND REDEVELOPMENT AND HOUSING AUTHORITY
SECTION 504 REQUEST FOR
REASONABLE ACCOMMODATION**

**RETURN THIS COMPLETED FORM TO
TENANT SELECTION**

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip Code: _____

Applicant's Signature

Date

- No one in my household has a disability.
(I do not need to complete the rest of this form.)
- No one in my household is requesting a reasonable accommodation at this time.
- I need a reasonable accommodation at this time (please complete information below).

The following person(s) in my household has/have a disability and is requesting the reasonable accommodation/modification indicated below: (Please indicate need clearly and specifically)

() uses wheelchair () uses walker, crutches () blind or vision impaired () deaf or hard of hearing () Other: _____

If you or a member of your household becomes disabled or needs an accommodation after you have submitted this form to Tenant Selection, you may fill out another form.

If you need help understanding or filling out *this form*, or have any questions regarding the rights of persons with disabilities, you should contact:

**TENANT SELECTION OFFICE
804-780-4200**

tenantselection@rrha.com